VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

April 1, 2016

Ms. Lyne Limoges, Manager
Scenic View Community Care Home
979 Vt Route 100, Po Box 154
Westfield, VT 05874-0154

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 8, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0151	A. BUILDING: _____ B. WING _____	03/08/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCENIC VIEW COMMUNITY CARE HOME	979 VT ROUTE 100, PO BOX 154 WESTFIELD, VT 05874

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection from 3/7-3/8/16. The following regulatory violations were identified.	R100		
R167 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the nurse failed to assure that as needed (prn) psychoactive medication was only administered by unlicensed staff when there is a written plan with specific targeted behaviors to be addressed under specific circumstances (for 1 of 5 residents, Resident #2). Findings include: 1. Resident #2 was found to have a physician's order for 0.25 milligrams (mg) lorazepam, a medication which addresses anxiety, to be given	R167	3.14.2016 Updated Care plan requested from Res. MD regarding appropriate use, including, parameters for administration of PRN medications including psychoactive medications 3.23.2016 Received POC from ordering physician regarding PRN use of prescribed medications Parameters of medication/ instructions listed on MAR Staff instructed of its use. 3/23/2016 All medications orders will be reviewed for clarity and POC PRN when Resident is admitted	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator — 3/28/2016

R167 - R259 POC's accepted 3/31/16 JHosmer RN/HME

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R167	Continued From page 1 orally up to three times daily. The written care plan and Medication Administration Record (MAR) for Resident #2 did not have specific parameters regarding how far apart to administer up to three daily doses, and did not describe the specific target behaviors or circumstances to address with the lorazepam, except saying "anxiety". At 1:15 PM on 3/7/16 it was confirmed by the Registered Nurse that the written plan for Resident #2 did not include a specific, targeted set of behavior and timing directives for the unlicensed staff regarding use of prn lorazepam.	R167	or returns from a hospital Stay.	
R259 SS=D	VII. NUTRITION AND FOOD SERVICES 7.3 Food Storage and Equipment 7.3.i Poisonous compounds (such as cleaning products and insecticides) shall be labeled for easy identification and shall not be stored in the food storage area unless they are stored in a separate, locked compartment within the food storage area. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that potentially poisonous chemicals stored under the kitchen sink were in a locked cabinet. Findings include: 1. During the initial tour of the home's main kitchen and food storage at 9:45 AM on 3/7/16, the unlocked cabinet under the sink was found to contain one gallon of bleach, one gallon of pine cleaning liquid, and other potentially poisonous chemicals. Staff confirmed at that time that there is not a locking device for the cabinet under the	R259	3.26.2016 Child Safety lock installed on Kitchen cabinet to prevent clients/residents from gaining access to cabinet* * There is a door between dining room and kitchen that locks (existing) as well as signs for residents indicating they are prohibited from entering	

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R259	Continued From page 2 kitchen sink.	R259	the kitchen.	3/26/2016